

# CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

5-31-05

\* May be used for additional claims or amendments

BEST AVAILABLE COPY

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			1				51					
2							52					
3				1			53					
4				1			54					
5				1			55					
6							56					
7							57					
8							58					
9							59					
10							60					
11			1				61					
12			1				62					
13				1			63					
14			1				64					
15				1			65					
16							66					
17			1				67					
18							68					
19				1			69					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total			6				Total					
Indep			10				Indep					
Depend			16				Depend					
Total							Total					
Claims							Claims					